

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/030817</b>		FILING DATE			
							APPLICANT(S)					
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/				51					
2	/	/	/				52					
3	/	/	/				53					
4	/	/	/				54					
5	/	/	/				55					
6	/	/	/				56					
7	/	/	/				57					
8	/	/	/				58					
9	/	/	/				59					
10	/	/	/				60					
11	/	/	/				61					
12	/	/	/				62					
13	/	/	/				63					
14	/	/	/				64					
15	/	/	/				65					
16	/	/	/				66					
17	/	/	/				67					
18	/	/	/				68					
19	/	/	/				69					
20	/	/	/				70					
21	/	/	/				71					
22	/	/	/				72					
23	/	/	/				73					
24	/	/	/				74					
25	2	/	/				75					
26	7	/	/				76					
27		/	/				77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3	↓	3	↓		↓	TOTAL IND.		↓		↓	
TOTAL DEP.	24	←	24	←		←	TOTAL DEP.		←		←	
TOTAL CLAIMS	27		27				TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS